

Donation Form

1. Donor Information

Title _____ First Name(s) _____ MI _____ Last Name _____

Business Name (if applicable) _____

Preferred Address _____ Unit # _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Fax _____

E-mail Address _____

Please list below how you would like your name(s) to appear in our donor listing:

Name(s): _____

- I prefer that my donation remain anonymous.***

2. Donation Amount: _____ **One Time Gift** **Recurring (Monthly)**

- Check** in the amount of \$ _____ is enclosed.
*Please make checks payable to **Le Bonheur Children's Hospital Foundation**.*

- Credit Card:**

Name on Card: _____ Card #: _____

Exp. Date: _____ Signature: _____

- I would like my gift directed to:
- | | |
|--|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Neuroscience Institute |
| <input type="checkbox"/> Heart Institute | <input type="checkbox"/> FedExFamilyHouse |
| <input type="checkbox"/> Other _____ | |

3. Memorial/Honorarium:

- Honor**

- Memory of:** _____

Please send an acknowledgement card on my behalf to:

Title _____ First Name(s) _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Thank you for your gift to Le Bonheur Children's Hospital. Your support will ensure that we remain one of the nation's top children's hospitals as recognized by *U.S. News and World Report*.

**Please return to: Le Bonheur Children's Hospital Foundation
P.O. Box 41817
Memphis, TN 38174-1817**

Form may also be faxed to: 901-287-5999.

If you have any questions regarding your donation, please call 901-287-6308.